## Lesson 95 - Exercise In Sickness And Recuperation


- 1. Introduction
- 2. Activity Is Required
- 3. Positive Versus Negative Thinking
- 4. Physical Exercises Suitable For The Bedfast
- 5. The Role Of Feelings
- 6. Four Case Studies
- 7. Conditions Where An Exercise Program Would Be Contraindicated
- 8. Questions & Answers
- Article #1: Fitness Guide
- Article #2: Application of Gymnastics To The Sick By Herbert M. Shelton




## 1. Introduction

While only too often neglected and even rejected in the past by many orthodox practitioners as being correct procedures to be employed in the treatment of the sick or as valuable tools capable of hastening restoration of health during periods of recuperation, the many possible forms of exercise are now receiving increasing popular and professional acceptance.

Where once patients recovering from surgery were often kept confined to their beds and permitted only limited movement, they are now often encouraged to leave their beds and to walk up and down the hallways or about their rooms. Physical therapists are frequently called into service when the physician in charge deems it advisable as in cases where paralysis constrains movement.

We understand that both the arthritis and muscular dystrophy foundations now pay for hydroexercises for persons suffering from these ailments. Groups of patients, under the guidance of a therapist, perform certain movements while immersed in a swimming pool. They report feeling much improved following these planned exercise sessions. Hydrotherapy was much employed during the last century by hydrotherapists, most of whom were devoted practitioners of Natural Hygiene. Modern orthodoxy was reluctant to adopt it but is now utilizing hydrotherapy to a limited extent.

However, even now for the most part, invalids and the elderly, especially those confined in nursing homes, languish in their beds. Individuals and practitioners alike have not as yet learned to appreciate fully the value of exercise and activity in sickness and in the restoration of health to those persons who are no longer, suffering deeply from some ailment but who, as yet, have not made a full recovery.

Hygienists have long recognized that exercise is essential both in sickness and in recuperation. In fact, George S. Weger, M.D., believed that positive exercise was contraindicated only in profound states of enervation or in cases of inflammatory fever, or cardiac depression." Dr. Weger had his fasting patients do tensing movements for periods of from ten to thirty minutes, depending upon the vitality and muscular vigor of the person.

Hygienists contend that rest and exercise are twin requirements of a healthy life, one being dependent upon the other and of equal importance. In sickness they are often far more important than food. This latter concept is the exact opposite of the prevailing notion that weakness requires feeding and that both the quality and the quantity of food should be increased. As a result, patients are fed much and often while activity is neglected.

Strangely, orthodoxy does not seem to learn from the fact that, more often than not, those patients that are fed the most, if they progress at all, recover more slowly than those who either are fed abstemiously or fast altogether, assuming, of course, similar circumstances and conditions.

Orthodoxy fails to realize that just because a certain quantity of food is eaten does not *necessarily* mean that the same amount has been assimilated and utilized by the body for reparative and healing functional activites. While the sick can perhaps digest a certain amount of food and absorb it into the system and then even transport it through its many channels, there is no guarantee that it will be assimilated by the cells and put to constructive use.



## 2. Activity Is Required

For food to be beneficial to the sick, the conditions which encourage assimilative powers must prevail; that is, there must be activity commensurate to the nutritive intake. Otherwise, the food will promote further toxemia, and thus the intensity of the illness. It does so by encouraging further enervation and thus weakening cellular functioning capabilites. All wasting of vital force in this manner is anti-vital.

Exercise, carefully planned and judiciously employed, serves to direct the nutrients to those areas where they may be needed most. When a demand for nourishment is issued by a certain part, area, muscle or group of muscles, the appropriate response will be forthcoming and the need will be filled. Healing and repair will be facilitated.

However, when no demand is put out, the cells do not receive the nutrients required for the more extended efforts of healing and repair, or even for simple upkeep, and can make but feeble efforts toward this end. Thus, the period of recovery can be not only prolonged but also less thorough, leaving the patient vulnerable to relapses should he be subjected to unusual stress demands.

Dr. Herbert M. Shelton has stated that "many invalids fail to recover their health, even though all other factors are favorable, simply because they could not be induced to take 'sufficient or appropriate exercise.' "

Shelton goes on to say that while numerous other methods are utilized to increase nutritive acceptance by various parts, none of them are as effective and devoid of harmful consequences as muscular activity. "None of them are so prompt, none so localized, none so economical of vitality."

He further contends that "artificial agents and measures employed for this purpose occasion other actions and induce irrelevant changes and needless vital expenditure. These methods involve a harmful and uncompensated expenditure of the patient's power."

Exercise, to the contrary, represents a compensated expenditure of vitality in that the important tools required for healing and repair are delivered right to the premises where they are most urgently needed and this takes place in exchange for a minimal loss.

Without such proper and regular delivery of supplies, cellular function will remain half-hearted and even faulty with the whole process of recuperation prolonged and, as previously noted, perhaps not as solidly constituted.

Where artificial stimulation, rather than exercise, is employed, it does not take much imagination to decide whether or not the effect on the body will be enervating or conducive to healing. Whipping organs and parts by using medications, for example, has the effect of expecting plants to grow without providing the proper soil.

But, when the individual is sick and his functional abilities reduced and these are stimulated by means that do NOT result in enervation, then better function can be expected. As function improves in certain weakened areas, the effects are felt throughout the entire body, including the mind, and these effects are good effects.

Exercise and activity are stimulative in kind but they are proper stimulants. The Law of Dual Effect, in a positive way, is in effect. The exercise requires energy, true, but it stimulates the kind of activity that is conducive to the restoration of health. The use of medicines and other types of enervating modalities does not bring any compensatory values to the individual but, to the contrary, either introduces or causes to be formed certain toxins which add further encumbrance to an already enervated body.

## 2.1 Exercise and the Arteries

The arterial vessels, large, small and microscopically tiny, are extremely numerous and capable. As is well-known they carry necessary supplies to and from the cells, wherever located, and then collect and eliminate the discarded metabolic wastes via nearby, strategically located, venous channels.

Not so well-known is that there are two areas within the human body where these vessels are especially numerous and capable, namely in the brain and in and around the organs where there is much vital action, those parts where important vital action is constantly taking place; where changes important to recovery occur. For example, in the liver.

In sickness many of these vessels are either constricted by calcareous deposits or by malformations of one sort or another, such as twisting or bulging in spots. Important to this discussion is the fact that these same arteries are capable both of being enlarged, if too small, and diminished in size, if overly large.

If an arm in which the muscles have become wasted through disease is habitually and vigorously exercised, the arteries slowly begin to expand and the muscles soon become more fully developed. This is a natural happening. Exercise creates the demand for nourishment. The clear signal of need is relayed to the cerebral centers which correctly interpret the signal received, decide on an appropriate response and give forth with certain directives which are relayed to various organs and systems concerned with supply. The necessary nutritive response takes place with lightning speed.

Sick and hurting cells receive glucose for fuel, to maintain body heat; necessary fatty acids and amino acids for rebuilding and repairing purposes; vitamins, auxones, enzymes, hormones, minerals—all the supplies required both to maintain organic function and to improve it and, above all perhaps, to revitalize the nerve force, so necessary for full recovery. All are received on demand.

The twin companions of the arteries are the veins which are even more numerous and entwined than the arterial divisions. By incorrect habits of living and eating, the veins become clogged and deformed. In such a state, the venous web cannot adequately remove toxic wastes and thus the toxemia continues to mount and the deterioration of the body to accelerate. Exercise can intervene and hasten the elimination of the health-destroying toxins. As the blood becomes less sticky and viscous, as the veins themselves become enlarged and less malformed, the channels open and transportation of wastes begins to improve, as does general wellness.

## 2.2 Muscular Activity Creates an Appropriate Response

The human body is constructed and designed in such a way that muscular activity in any particular part will immediately call forth a response by the autonomic nervous system directing energy and supplies appropriately enough to those organs, tissues and cells being moved, there to be used for constructive functional purposes. Blood and nerve power are directed to those areas where a demand exists.

In other words, if the invalid is encouraged to move the fingers of his right hand, the cells comprising the muscles and other parts in that area will receive an appropriate response: they will be fed and toxins will be gathered up and removed. All such appropriately fed and cleansed parts will increase both in

substance and in wellness.

Illustrative of this phenomenal organic wisdom is the fact that scientists have long recognized that the physical capabilities of a mature individual may be very much dwarfed if his vigorous play life as a child was limited and almost in an exact proportion, all other things being more or less equal. Sick and weakened adults must deliberately choose to exercise if they would enjoy its health-promoting benefits.

Their previous usually sedentary lifestyles have undoubtedly contributed greatly to their present state of diminished health and vigor.

## 2.3 Specific Benefits of Exercise

As humans age and vitality is lessened and when they are ill, exercise is very much needed, even though this idea may be contrary to popular thinking. Exercise is essential to keep the heart and lungs in good condition, to keep the blood and other fluids replenished and their movements active. Exercise is needed to improve the digestion and to encourage elimination of the toxins which have brought the patient to his present unfortunate state, to create the demand for nutrients to be directed to specific areas where the most need may exist.

## 2.4 Need for Balance

The chances for recovery are enhanced when a careful balance is maintained between feeding of a diet well adapted to the patient's present impaired state, if feeding be indicated at all; rest in an amount and a kind, including physiological rest, as to increase energy flow for healing and reparative purposes; and, finally, exercise and activity geared to the present capacity of the patient to accept and as specific needs may require as, for example, a stiffened knee or elbow, or other damaged or weakened part.

When given a well-chosen, easily-digested diet with the foods properly combined in simple combinations or served in mono fare, if permitted to rest when the body signals its need for sleep, and when certain parts of the body totality are exercised regularly and in accordance with capacity to accept, then the patient can expect full recovery so long as sufficient vitality yet remains to initiate the recovery process and then to sustain it for a long enough time to accomplish the objective.

If insufficient vital power remains and the patient is greatly debilitated, his vital force nearing exhaustion, recovery may be initiated but perhaps not be sustained sufficiently long to achieve the desired results. In that event, of course, exercise would be contraindicated, since it would serve only to deplete the systemic resources even further and thus it would be more in keeping with organic reality to postpone forcing the activity until such time as the improved vitality gives a different and more positive signal. In such a case physiological rest might well be a more immediate need.

## 2.5 As the Strength Improves

As clients become stronger, the exercises should become more vigorous and more complex—involving more muscles over a wider area and to a greater depth—and the activity extended for a more prolonged period.

Various types of exercise should be incorporated gradually into the daily program and should be utilized in the mornings and evenings as well.

## 2.6 Slow is Best

However, exercise should not push development too far or at too rapid a rate. The goal should be not to harden the muscles and create extraordinary mass but rather to keep them well shaped, supple and flexible. All excess, even in bulk, is anti-health. Moderate, intelligently-used exercise will provide the greatest efficiency to accomplish the desired health benefits while excessive exercise can only serve to

waste the vital force for no good purpose.

In sickness moderation is extremely important, especially when the patient is greatly debilitated. We shall presently see how exercise may be utilized in a gradually more complex series of movements with greatly debilitated patients as the energy flow increases and capacity improves.

But we should bear in mind the admonition of J. H. Tilden, M.D. that the muscular system and the liver are allies, that exercise, even though it be limited, will use up energy (sugar) and this the liver furnishes. Tilden points out, and validly so, that if the muscular system, even in sickness, is *not intelligently worked*, the liver will become engorged with glucose, or the glucose will be fed into the circulation for excretion by the kidneys, a definite waste of nutritive material as well as vital force, a loss the patient can ill afford without receiving compensatory value in nutritive "gold."

We are all reminded by the admonitions of the Doctors Robert Walker, Sylvester Graham, Russell Thacker Trall, Shelton and others that in caring for the ill and incapacitated, we must always bear in mind the needs and *capacities* of the patient. Just as with food, exercise should be geared to these three considerations: 1. Constitution, 2. Present condition, and 3. Ability to perform or work. To do otherwise would be contrary to the best interests of the patient and would, in all likelihood, retard his progress, and perhaps even bring it to a halt.

We should remember, too, that nerve depletion precedes the illness, it does not follow it. Therefore, the primary requisite for recovery is rest. Only when the body is well rested should activity be introduced. Otherwise, exhaustion will follow and make full recovery unlikely. When a person attempts to do anything too fast, he inevitably experiences a negative nervous system impact. Therefore, in working with persons suffering from any degree of diminished health, and especially with highly-debilitated patients, we must avoid all temptation to push too much activity upon them or to make the exercises too complex or to extend the exercise periods overly long. In such cases, slow is *always* best!

Graham states our thesis this way, "A certain amount of exercise or labor is ... as essential to the highest welfare of man, as food or air. By a rigidly abstemious diet he may live on, with an exemption from actual disease, and perhaps attain to what we call old age, with very little active exercise. But in such a life he can never know that vigor of body and mind, that perfectness of health, that vivacity and buoyancy of spirit, that habitual serenity and cheerfulness and high enjoyment of which his nature is capable. But we have seen that every vital action is attended with an expenditure of vital power and waste of organized substance, and that every vital function necessarily draws something from the ultimate and unreplenishable fund of life. Hence, so far as voluntary exercise or labor is necessary to the most healthy condition and perfect functions of the human system, it is a blessing; and beyond that, it is in some measure an evil; for in proportion to the excess, life is always shortened, and the body predisposed to disease."

## 2.7 Exercise, a Natural Tonic

Modern therapeutics employ tonics of one kind or another to stimulate the body. They fail to realize that all such stimulation is accomplished by raiding the vital resources of the body and especially its vital force. The ultimate result of such foolishness is, of course, the inevitable wasting of the body even though a *temporary* feeling of well-being may be experienced. This is only the top of a sine curve. The deep valley will be sure to follow!

Exercise, on the other hand, is a natural tonic, one unfortunately that is generally overlooked. The same salubrious effects can be achieved and more healthfully so, by the employment of proper exercise and pure air. In keeping with organic reality, there just is no other way conducive to a resurgence of health. All other agencies and means employed in an attempt to restore health, while they may temporarily relieve the symptoms, will, in the long run, actually aggravate the condition and shorten the lifespan.

## 3. Positive Versus Negative Thinking

Thus far we have been addressing the issue of physical activity, the moving of muscles. However, there is another form of activity which is perhaps equally important, if not more so. We refer to mental activity. This can be both health-enhancing and health-destroying.

The sick are often depressed. They have a negative attitude toward life and living. They tend to find fault overly much with almost every aspect of their life. This negative imprinting has a profound effect on wellness. As J. H. Tilden, Weger and others have said, discontent and general lack of poise can be instrumental in poisoning the entire system. Understandably so, a lack of poise is a direct result of years of piling up poisons through erroneous living. A vicious cycle is initiated which gnaws away at wellness, since all such negativity spawns even more poison.

Sometimes the measures employed by the client to relieve his own inner anxieties wear on the people around him. In turn, they react negatively which further impinges on his emotional well-being. In such an event the client turns his mind inward and concentrates his efforts in such a manner that he begins to conjure up and magnify all kinds of symptom complexes.

We worked with one client a few years ago who was a master at turning inward and discovering all manner of supposed negative happenings, all a result, of course, of her improved lifestyle and diet. In fact, this habit became so intense with her that she began to keep hourly and daily records of passing variations in her condition even down to such minute happenings as a tingling in a certain finger tip or a passing itchiness behind an ear, the correct ear and area being again precisely identified. In the beginning she filled page after page of notebook paper with this kind of detailed information. Rejected outwardly by her peers, she had turned inward to make Self important.

However, this kind of attitude can kill. In this case we had to direct the woman's attention to more positive things in order to promote more positive responses. It is important always to raise the clients' own self-esteem first, by making positive things happen insofar as their general feeling of health is concerned and second, by imparting to them the concept that they are *in charge*, that they can bring about whatever degree of health they wish to achieve and that it all can be accomplished by learning the requisites of organic existence, how to impart them to the body and how to live in accordance with them, and then actually doing it! This is mental activity at its best.

Elsworth F. DuTeau, in an article in *New Age*, entitled "Positive Thinking," shows how important the acceptance of personal responsibility can be when he states, "There are those who during their income years have a good life. Then, after those years ended, they find a gradual erosion of their savings and security through inflation and misfortune, even having to sell their home to obtain capital to sustain them and provide the necessities of life. For them, self-pity and bitter, passive, resignation only deepens their gloom. It is then that they need positive thinking and action more than ever. They must know what to salvage, where to go, what to do to reconstruct their lives. They can't just stop *doing*. They, through positive thinking and action, must *persevere*. They should remember that there is no failure except in no longer trying, no defeat except from within."

If we, as practitioners working with the sick and ailing, can impart this concept of positive thinking PLUS action—the doing—the working effort to build health—performing by Self—to our clients, the results will be salubrious beyond our fondest expectations.

Small successes are very important in this connection. Every small improvement intelligently conveyed to the clients will become incorporated into their thinking and help to initiate a more positive attitude. A series of such small successes will, by directing the thought processes from their former depressed and defeated pathways into more constructive channels, actually give birth to a resurgence of vital force which can then be directed computer-like by the individual's own cerebral centers to those areas where need is urgent.

Supplied with the necessary nerve energy and as nutritive transport is powered and nutrients arrive, the cells respond with revitalized effort, healing and repair proceed at an accelerated rate, the state of health rapidly surges.

Without the proper mental attitude, unless the mind is re-directed into positive channels, unless it actively foresees the future well-being, unless the positive vision of euphoric joy and happiness are written on the subconscious, the ill will proceed thus far—perhaps even enjoy some measure of improved health—but they will never enter into that rare condition of perfect health as described by Graham and previously quoted in our discussion.

The mind can be active both in a negative way which produces negative results, and especially where one's health is concerned; or, it can be active in a positive way, not only anticipating but actually producing favorable results.

Thus, it becomes the happy duty of the practitioner to plan a program to bring about this necessary change—a more positive thinking on the part of the sick and to encourage a like mental metamorphosis among those persons who may have made thus far only a limited recovery, for one reason or another, and now need not only instructions as to what and how to do and behave, but also that essence of superior health, *Inspiration*, an inner rebirth of accomplishment already achieved or easily capable of achievement. Such is a primary principle of vital improvement, the importance of which cannot be overlooked.

Unfortunately in the care of the sick orthodoxy attempts vainly to disassociate the rest of the body from the mind. This cannot be done because they are by the very nature of design, one, a single entity, symbionts which can favorably or adversely affect each other.

Both the body and the brain are subject to precisely the same laws of organic existence. Obedience to these universal laws governs the vital powers of the body and the manifestations of that vital force, whether they be perfect or something less than perfect.

This is a principle which cannot be denied and one that should be primary in Hygienic thinking. Orthodoxy is wrong when it does not actively encourage positive thinking on the part of the sick. Enter into any hospital ward and view what is transpiring there. Bells ring, sounds of all kinds intrude and confuse. Nowhere is there any careful addressing of this primary need of the human soul. And yet, a constructive attitude, an active acceptance by the mind of the POSSIBLE, the fact that full health can be attained by adherence to organic law, this is of primary importance in recovery, probably as much so as the will to live.

We listened to a woman today who revealed how, for three months prior to her annual physical, she became engulfed by terror, so much so that she became unable to deal with her customary obligations and duties. Instead of anticipating a healthful life for ALL of life, she "knew" that sooner or later at this yearly ritual, she would hear that she had "caught" some horrendous disease! This engulfing fear made her nauseous, irritable, headachy and, as she put it, she became "completely unglued." Fear not only gripped and strangled her mind, but it also grasped in its tentacles her physical body and soul.

When the mind has been rendered enervated and distraught by an incorrect manner of living, the physical body will be equally and just as deeply etched. If the thoughts be wrong, the entire organic domain will suffer and to the same extent regardless of how well we may do in other areas. Instead of neglecting this "soul power," as is common among orthodox practitioners, we Hygienists should become better informed. We need to study, and understand more and more about human behavior and learn how to encourage greater depth and breadth of understanding of principles on the part of those who seek our aid as to the amazing possibilities that await, the fact that a lifetime of great joy, happiness, achievement, personal satisfaction and perfection of health are there to be had. But, *they must be earned*! The mind plainly controls exercise and health, but equally activity and health influence the mind. All are symbiotically intertwined.

## 3.1 Words Alone May Not be Sufficient

Admonishing any person, and especially one who is ill, to think more positively may not accomplish a changeover from negativity to a more hopeful, forward-looking life-script. Most sick people have a tendency to look inwardly, not outwardly; to today, this moment, rather than to the future except in negative ways. Many ill persons are filled with a doomsday attitude and develop the "Poor Little Me!" syndrome.

It is time for such people to shift into health. They must be taught that they are *not* helpless and hopeless, that health can be destroyed, to be sure. They have already proved that. But it can also be built! But to accomplish this, they must accept the reality of organic living, namely that all their troubles, whatever they may be and however intensive and extensive, have their origin in toxemia which itself came about through enervation and that enervation was the inevitable result of disobeying organic law, either through ignorance or deliberately.

Due to their enervated state, sick people are often child personalities and must be led. Since most are also novices at Natural Hygiene and do not think as we do, nor have our knowledge, their minds must be fed. They must be taught that all behavior has pay-offs. Bad behavior in the life script means illness and suffering. Good behavior, as evidenced by adherence to the immutable laws of our organic existence, carries its own immense rewards: the keys of life that open the doors to all of life!

Sick people often need to grasp a new concept, too; that the attainment of a higher level of health represents a long-term pay-off and cannot be compared to the short-term "relief" that so soon fades away. This latter is a transitory thing which only compounds error while the planned, long-term building contract that we make with ourselves is an on-going growing step-by-step series of small successes which, in the end, add up to full attainment of our goal.

We can impart to the sick and ailing that they have an opportunity now, at this moment, to make a choice: to continue their present downward path that all their medicines and treatments had failed to stop, or to reshape their lives. They can be made to realize that, sick as they may well be, they still have certain strengths and that these can become stronger, that positive choices expand the mind and facilitate construction (the healing and repair); that they can "get around" this sickness that binds them in their chains by activating their minds and thus enter into a new and much more enjoyable dimension of living, one in which they will begin once again to feel together and solid.

As this feeling grows in depth they will experience a growing sense of inner peace. Once they come to realize that all of life awaits, that the world can benefit by their presence and by what they have to contribute—at that moment, they will be well!

The knowledgeable Hygienist realizes that successful recovery can often depend on the establishment in the mind by the client of the importance of certain long-range health goals; that temporary inconveniences and/or hurts must often be abandoned or laid aside to accommodate more worthwhile long range objectives. Often such a motivated person will say, "I can bear it!" When the sick persons can do this and refrain from settling for "relief" in favor of real health, they make their strengths stronger and lessen the importance of their present symptoms. These then no longer cloud their mind to the actual healing that is taking place.

Persons who are able to make this transition learn to speak to parts of them that are in need and with a positive voice. They develop a higher perception and appreciation of their own body's capabilities. They know that they possess a power to focus in on themselves in such a manner that healing begins to accelerate.

Learning that we can get around our bodies with our mind can be a powerful vital force. It can help us to break down long-standing habit walls and make a place both in our minds and in our physical bodies for new and healthier patterns of living that will make our future journey into health shorter, easier, and, above all, rewarding beyond our fondest expectations.

## 3.2 Getting Out of the Self-Destructive Phase—the Mental Rollover

For recovery to be assured, clients must move their minds out of and away from the self-destructive phase of their past that may have thus far restricted their progress. For example, persons who have believed all their lives that germs and viruses are primary causes of disease actually have child minds and exaggerated egos. Egos so powerful as to believe that "they" can do nothing wrong will be reluctant to accept cerebrally the fact that their present debilitated conditions are direct results of errors, errors that they themselves perpetrated and this over a long period of time and in every aspect of living.

This is a monumental admission for some ego-centered persons to make. Those who are able to move out of this self-destructive phase will be successful in recovering wellness; those who do not, will fail.

Then there are those individuals who live in the past. Such as these must do some mental gymnastics. Their minds presently are constrained by regrets: *If only* I had done thus and so, or *If only* I had not done *that*. Or they may even say, "*As soon as* I do this, that or the other, I will be well!" But, they constantly fail to move their minds out of this nonactive mental vise which constrains all progress into a more active stance: from *going to make* the required changes and adjustments because they lack an active, forward-looking mind into motivated *performance*, the actual *doing* of what is required of them if they are to achieve their objective, that peace of body and mind which can be experienced only in total wellness.

In order to move the mind into a state of willingness to write a higher and better life script, the student of Natural Hygiene must actively decide WHAT s/he wants to do. S/he must first establish the objective. The. mind must move out of the past and begin to create *mentally* an *entirely new life*. This kind of mental gymnastics, known as the *Mental Rollover*, requires graduated changes:

1. The DECISION that the past was lacking in some respects and, specifically in this discussion, that health was less than perfect.
2. The change in ATTITUDE, moving from ego-centricism to a less-dominating role—that of a penitent, of course, but a forward-looking penitent, one who can participate in change.
3. A change in THINKING and here we refer to the development of the mind to such an extent that the client begins to open hidden recesses and exercise cerebral capabilities, these having been long neglected insofar as addressing the physiological and biological needs of the body were concerned.
4. Establishing in the mind that the client is no longer grasped by the "Poor Little Me!" syndrome because s/he is now and always was someone deserving of a far better life, can actually do it and, not only that, but can do it on his/her own, all by *him or herself*. This is the final change, UNDERSTANDING that life is not a dress rehearsal, but the here and now, a reality in the making. There is no magic about living the healthy-life; it simply requires knowledge about what to do and then the follow-through, the doing. Understanding that you ARE, that there is a hidden potential that lies deeply within all of us and also that there, within us, rests the person we can *be*, is perhaps the ultimate mental activity that can cause an actual birthing and future development of that presently sleeping, but potentially healthy, being to awaken.

The changed activated mind can create, cause and control the becoming of the soul. In understanding lies the key, the cerebral acceptance of the fact that our future is actually our present, that what we do and accomplish this day will bear fruit tomorrow. If what we do today is health-promoting, then we will, on the morrow, become healthier.

This then is what is required for patients to move into health, to move out of the Self-Destructive Phase. Before meaningful progress can be hoped for, they must first of all make this *Mental Rollover.* They must stop playing the popular game of *Victim*, they must establish firmly in their subconscious their own self-worth. They must shift their minds into high gear, begin to think through their problems, figure out realistically what they need and must do to change their present state of diminished health into a higher degree of wellness and then begin to appreciate the fact that to achieve their objective it is reasonable

and truly scientific for them to start by meeting their known physiological and biological needs, and that while certainly they will be called upon to initiate continued and vigorous movement of muscles and bones, they will also find it necessary to activate their mental processes. They must develop the willingness to learn new things, entertain new ideas, and develop new concepts.

Someone has said that most people would rather do anything else than *think*. To achieve whatever goal has now been established, the novice Hygienist, the one who desires above all else to achieve a high degree of health because s/he knows that everything else s/he may enjoy and experience of goodness in this world will be of his/her own making, the one who wishes above all to leave the Self-Destructive Phase as represented by the past, into a new and more promising dimension of life, must now fully activate the mind and learn to *think* in an expanded way and a higher plane.

## 3.3 How to Plan for More Positive Mental Activity

There are probably as many ways to stimulate positive mental activity in clients as there are individuals. Rarely will we be able to actually intrude into the herd to obtain our clients. Those persons who do seek our help can usually be divided into three classes:

1. Those who seek our aid in desperation, having exhausted all known traditional sources;
2. Those who wish to keep their feet firmly planted within the herd but have a faint recognition of the fact that in Natural Hygiene there is something of value that they may possibly put to good use in their own lives, although they remain, at this moment, uncertain of what that may be or how it may be applied by them; and
3. Those persons who, perhaps by chance, become exposed to Hygienic principles and practices and become convinced of their soundness and resolve to learn more and perhaps even to apply it in their own lives.

The practitioner will soon learn that there will usually be but limited success in activating the minds of the first group. Members of this group may progress to a limited extent but, at the first health crisis, even though it be minor, they tend to seek "relief" for whatever ails them. They thus revert back to their former ways even though they may feel that the practitioner has their best interests at heart. Their minds have been too well-programmed in orthodoxy to make the giant leap required to become true Hygienists.

With members of our second group, the ones who are reluctant to renounce totally the ways of the masses, the practitioner can often achieve a fair degree of mental activity. There will be acceptance of concepts and principles, but limited application with the health benefits being commensurately curtailed.

The third class will become the achievers, the performers. With open active minds, they will challenge concepts, analyze them, reject some and accept the best. These they will incorporate into their personal plan for living, their plan for the future. In these persons, the Hygienic practitioner will find his/her rewards, soon learning to classify clients and be able to arrive at a fair approximation of just how much a prospective client will be able to achieve in new mental activity in the days that lie ahead. It then comes down to "how best to achieve results?"

## 3.4 How to Encourage a More Positive Mental Attitude

Since in this limited discussion we do not have time to develop ideas and minds," we will simply list some of the ways and means of mind activation that we have used and found applicable in many instances. They may then be weighed, evaluated, rejected or utilized in practice as they may or may hot prove useful with individual clients.

1. At each consultation it may prove stimulating to present a pre-planned orientation which deals with a topic, idea, problem, concept, etc., which, in the opinion of the practitioner best pertains to a particular client. For example, with almost all clients, it will prove highly motivating to introduce them to the concept that chronic disease represents a long and traceable biological

evolution. Another thought-provoking (activating force) idea to consider is that disease is self-caused. This gives the practitioner and the client the opportunity to explore the four categories of causes of disease: Poison Habits, Emotional Causes, Excesses in Lifestyle and Diet and Deficiencies in Lifestyle and Diet and to see how these may relate to a client.

2. Relate all topics, ideas, problems, etc., which are discussed specifically to a particular client. In this manner, the client begins to think about how s/he may have arrived at his/her present sorry state. S/he often actively begins to sort out life errors, a prerequisite for making correct decisions in the future.
3. Group discussions should be sponsored as time and opportunity permit. Here new clients can come face to face with more experienced students and in sharing with them enlarge the learning experience.
4. Tape recordings. These can be listened to either at group meetings or in the privacy of the client's home. The practitioner may either keep a lending library of these tapes for individuals use or make them available for group meetings. Clients may also be encouraged to purchase certain tapes which the practitioner considers worthy of a particular client's attention. Tapes can reinforce concepts learned elsewhere.
5. Reading. Clients should be given printed matter in the form of short discussions deemed of particular value to a client. A practitioner may operate a lending library for a fee or s/he may simply recommend certain articles and/or books to clients.
6. Seminars that clients may be encouraged to attend.
7. Conventions where the client may have an opportunity to become acquainted with the widespread interest in Natural Hygiene, with persons whom s/he may only have read about but whose opinions s/he values, and meet and talk with individuals who may be in various stages of recovery from a similar ailment.

Clients who participate in as many of the above kinds of activity as possible will find their minds expanding. Their acceptance of new ideas will also grow and, in due time, the salubrious effects of this kind of positive imprinting will be experienced throughout the entire body, in every organ and system and, importantly, in the mind as well.

A stagnant mind will soon atrophy and become little more than diseased tissue. But, a mind that remains active, constantly challenged by new ideas, thoughts and concepts will grow and expand in health. Learning about the true science of life and healing (Natural Hygiene) can fill this basic systemic need.



## 4. Physical Exercises Suitable For The Bedfast

Health is impossible without exercise. This pertains to all persons but especially so to bedfast persons who, if not exercised, will grow weaker with each passing day.

All bedfast individuals should either exercise every day on their own following a well-planned sequence of movements as presented to them by a skilled practitioner or, if incapable of voluntary movement, have their muscles and bones moved by an attendant as need suggests and capacity to accept permits.

The best way for bedfast patients to begin an exercise program is to use *tension exercises*. These should be followed faithfully and methodically in a planned sequence. Proceeding in this fashion accomplishes more than just muscle participation. George M. Weger, M.D. points out in his book, *The Genesis and Control of Disease*, that exercise assists in "the development of self-control and self-discipline, which

are so necessary to those who wish to acquire poise and to become master of self." As J. H. Tilden and others have pointed out, superior health is impossible without first developing poise.

Tension exercises are simple to perform. They can be performed in depth or shallowly, in a prone position or sitting up, either in or at the side of the bed. The arms, legs, abdomen and neck can be used.

Each person should exercise in this fashion at least twice each day, every day, in the morning and evening. The time devoted to tensing will depend on several factors: the willingness of the person to participate, the client's age, vitality, muscular ability and willpower. Unless the client is in an extremely weakened condition, s/he should start with from five to ten minutes devoted to tensing of muscles.

Weger reminds his readers that to obtain the maximum good, the muscular contraction should be positive and the mind should be concentrated on every movement. It should be willing participation. Otherwise the exercise will prove of little value. The time spent in this voluntary activity may be increased as progress indicates with fifteen minutes per session being advisable but with thirty minutes being the maximum.

*Other Movements*. Progressive movement of muscles in the following recommended sequence:

1. Flex fingers (bend at joints) of both hands simultaneously starting with a count of five and building up gradually to a count of twenty-five.
2. Clenching fists and proceeding as above starting again with five reps.
3. Making a circle with full hand in motion. Increase reps to 25.
4. Reverse circle and repeat.
5. Holding arms straight out in front of body, with hands parallel to the bed or floor, move to right and then to left keeping arms still.
6. Assuming same position, bend at wrist and move hands vertically upward then follow with a downward thrust so that tips of fingers point at the bed or floor.
7. Bend arms at elbow and bring in to side of body. Thrust forearm forward while simultaneously flinging wide the fingers. Repeat.
8. Repeat forearm thrust outwardly and to the side. 5 to 10 reps.
9. Bend arms at elbows and raise shoulder high. Now thrust vertically to the ceiling flinging wide the fingers. 5 to 10 reps.
10. Lie prone in bed. Pull shoulders up to ears several times.
11. While lying prone, flex toes forward, then backwards
    Do hot bend the entire foot, just the toes. 5 to 10 reps.
12. While lying prone, bend the entire foot forward pointing the toes. Return to position and then pull the toes back toward the legs. Repeat with 5 to 10 reps, or more.
13. Keeping knee of right leg straight, raise to vertical position. 5 to 10 reps.
14. Repeat with left leg.
15. Move right leg parallel to bed and out toward the right. Repeat using the left leg and moving it to the left. Increase distance and number of reps from 5 to 10.
16. Simple rotation exercises first with the arms while in an upright position, then with the legs in prone position. Be sure to keep elbows and knees straight. 5 to 10 reps. These can then be followed by rotating the shoulders.
17. Face exercises may be included, such as grinning, yawning, blinking, and screwing the mouth from one side to the other.
18. Neck exercises should be done two and three times a day: turn head first to right, then to left; pull head forward to chest and then as the strength and vitality improve, resistance may be given to these movements by exerting an equal and opposite pressure by holding the palms of the hands against the head. The head may also be moved first down to the right shoulder and then to the left.
19. Place a blanket or pillow under the shoulders thus allowing the head to fall back. In this position a number of movements may be carried out as, for example, raising and lowering the head;

moving the head in various ways as in rotating; tensing and relaxing of the abdominal muscles; kneading of the muscles of the abdomen using the fingers or the knuckles.

20. In a reverse position with blanket or pillow under chest and the client on bended knees, move body to full upward hump and then downward again.
21. Sway body first to right and then to left while in the same position.
22. If the client can sit on the side of the bed, s/he should attempt as many of the following movements as possible and as vitality allows: leg lifts, leg rotation, bending torso forwards and backwards and from side to side. The spine should be twisted first to right and to the left. If the room is large enough, while doing this right-left twist, the eyes should be focused on three successive points each located directly in front of the client: first, on floor, next to a point directly ahead and lastly to a point on the ceiling. In this manner the eyes will not be neglected, but will also be exercised and thus strengthened.

These same exercises will prove useful to clients who are not bedfast but can walk and move in an upright position. In either case, the client should be given a printed chart explaining the different exercises and the number of reps to be made.

It is always helpful, too, to furnish each client with his/her personal chart. On the chart s/he can note the day of the week, the number of the exercise(s) performed, and the number of repetitions of each, plus the total time exercised.

Other exercises which can be exceedingly beneficial in recovery when the client possesses good movement and sufficient vitality is obtained through *free-form dancing*. Here the client simply sways and moves to music. If the client is in a comparatively debilitated condition, the music selected should be kept subdued and it should have a rather slow beat. Sliding of the feet along the floor, raising legs by bending at the knee, turning, twisting, dipping, and many other movements are possible in slow free-form dancing. Older clients who have led sedentary lives enjoy these kinds of sessions and especially when they can join a group in the activity.

As the health, vigor and endurance increase, the beat can be speeded up with the movements therefore being made at a faster pace and even becoming more extensive and of a greater variety.

Free-form dancing imparts a good feeling to the participant. It provides emotional release which is always beneficial.

Tennis, badminton, perhaps even skiing and weight-lifting being careful at all times not to expend too much vital force without compensatory nutritive reward.

## 4.1 Aerobic Exercises

Rarely are aerobic exercises recommended for persons in a highly-debilitated state. They divert too much energy away from the healing and reparative efforts so essential to recovery. We observe far too many unfit persons actually doing themselves more harm than good as they jog along the roads here in Tucson, even in the hottest weather. Their efforts would be better utilized and produce greater good if restricted to the type of activity outlined in this lesson and we refer to both aspects of activity, both mental and physical.

Recovery from illness demands much energy. In illness, we should conserve our energy and permit it to be directed where it will do the most good rather than expending it in exercising overly much without receiving compensatory value in return.

In recovery simple movements will encourage the circulatory powers sufficiently to transport the required nutrient tools to those areas where the need exists. When, the recovery so indicates, walking may prove to be the most beneficial of all exercises. As the health continues to improve, sprinting for short distances can be introduced. Alternate walking and running, increasing the tempo of the walk are useful additions to the exercise regimen. Only the fit should jog and even then, the time and distance

should not be such as to create undue fatigue.

Swimming for *short* periods in water with the temperature not exceeding 85° Fahrenheit, can be beneficial during recuperation. As the health, endurance and strength continue to improve, the client may choose from a wide variety of possible sport activities, such as tennis, badminton, perhaps even skiing and weight-lifting being careful at all times not to expend too much vital force without compensatory nutritive reward.



## 5. The Role Of Feelings

One important adjunct to recovery from illness that needs to be addressed when planning mental and physical activity for a client is that of *Feelings*. Seldom do sick people express their feelings in a positive way. They are usually revealed in negative attitudes, words and actions.

The client who slumps in his chair reveals perhaps that he is listless, tired, or simply not interested in the present activity. He also reveals that his body is highly toxic.

The facial expression may be tense, the expression worried. The spoken words may be sad words, not happy ones. The eyes are often dull, lacking the sparkle of interest in life. The whole attitude can be one of removal from the real world, of extreme depression. When the mind is depressed, the organs and systems are in a like state.

When exercise is first proposed to such clients, they often, on first venture, tend to withdraw, even to express verbally a reluctance to participate. This is where group activity can prove enormously helpful. If our depressed and discouraged clients can be stimulated to perform even a few simple exercises they soon find their former depressed feelings being replaced first by the satisfaction ' of accomplishment, however limited, and, as time goes on and they become more skillful and begin to acquire increased endurance and strength, they often become imbued with a sense of happiness, of joy, which is in and of itself highly conducive to a resurgence of health.

Replacing negative depressed feelings with a series of Positive Belief Systems causes a realignment of the thought processes which project into the consciousness creating a climate in which problems are capable of solution. Once Belief engages the consciousness, it is sometimes amazing to watch the physical responses that begin to take place. For example, skin disorders that may have troubled for years often clear up with surprising speed.

When the system is engulfed by such feelings as jealousy, worry, anxiety, anger, superior health is impossible. When the system is engulfed by the feeling of Fear, this can be the ultimate confusion which can destroy life.

Whenever a person is ill, any feelings that are held in tend to distort the whole person. They can soon undermine the health of the mentally-tormented person. We find that women and men alike, as they begin their middle years, the so-called middle-crisis years, are often actually terrified at the prospect of the future. They fear the horrible diseases - they feel are sure to come. Are they not all around them?

Are not all older people decrepit and senile, a burden on society? Do not the young desert the old ones and leave them totally alone? Is *THIS* not the only possibility the future can hold for *ME*.

We must change all that! This kind of negativity will give way when confronted by knowledge. We must convince clients that this kind of unfounded fear is a cover-up, pure and simple, a cover-up for not acting intelligently and for not actively pursuing the kind of lifestyle that is known to be more conducive

to health than that pursued in the past. We must show our clients that when one harbors a vision of a future filled with diverse diseases, then the body is not only already well filled with toxins but is continuing to gather more.

Only when fear is driven out of the body can the individual be free again to activate both mind and body in such a way that forward movement toward improved mental and physical health becomes a matter of fact and not an impossible dream.

When the fluids of the body once again course through the arteries and veins in a cleansed and purified state, then disease becomes impossible. The tormenting visions leave, never to return.

Healing begins the instant that tenseness, depression, fear and other feelings depart. At that moment positive things begin to happen.

As the minds of clients are activated to *believe* that the future lies almost entirely in their own hands and that their destiny can be of their own making, they rapidly begin to show improvement.

Goodness always feeds upon itself and draws to itself even greater good. The pains of life are revealed in feelings, to be sure, but these psychic pains can be used to motivate. Activity, mental and physical both, can help a client to let go, to fight for the health rewards that are sure to come when the lifestyle habits become normalized; that is, in tune with organic laws.

Certainly, if the future is to be at all normal—lived in health—then clients must begin now to incorporate into their lifestyle all of the known requisites of human existence, including a full quota of correct physical and mental activity. Often just knowing that they can do it can motivate a client to make the necessary changes.

Bernard Jensen in his book, *You Can Master Disease*, says it quite well: "More important than the cleansing of the bowel, more important than correcting a mechanical maladjustment in the body, is teaching the patient how to remove fear, how to control his emotions, and how to get ease of mind."

And, to quote Shelton, "Joy and happiness are essential to health. There are few Hygienic influences that are equally as conducive to health and long life as a cheerful, equitable state of mind." (From *Living Life to Live It Longer.*)

Free-form dancing or performing tensing exercises to a happy lively tune cannot help but cheer and activate the mind, sending it spiraling in a new and healthier direction. Encouraging such activity, which combines both the physical and the mental, can greatly assist the sick, the mentally weary, the depressed to enter a totally new dimension of life, one rooted in feelings of joy and happiness and destined to grow in health.



## 6. Four Case Studies

## 6.1 Case Study No. I

Irene was 42 years of age. Her husband was an alcoholic. Her days of parenting were completed, the children on their own. For the past five years she had suffered from an assortment of "allergies" which made her life miserable. She had been injected with various drugs, so many she couldn't even remember their names. She constantly had to sniff antihistamines in order to breathe. Her whole attitude was one of depression. She could find nothing good about this life and confessed that she had often thought of suicide.

Upon review of Irene's past life and of her present lifestyle, it was obvious that changes needed to be made. A dietary regimen geared to the Extended Detoxification Plan was advised and begun. Our client was encouraged to take daily walks, to sunbathe as often as she could, and to begin a program of study in Natural Hygiene to learn the why and how of her new regimen.

This was, of course, all good. If followed carefully, there was no doubt in our minds that Irene's health would improve but, because of her greatly troubled and depressed attitude toward life, her improvement would, in all likelihood, be quite slow. She needed more. She needed to be lifted out of her depression, to be helped to realize that life really is worth the effort, that it can be happy and joy-filled.

To accomplish this objective we proposed certain steps for our client to take: 1. To look around for some hobby or interest to replace her former parenting, the absence of which now left a vacuum in her life which required filling; 2. To go to an Al-anon meeting and there to listen and learn how she might better cope with the demands put upon her and the frustrations she now was experiencing in her life because of her husband's alcoholism, and 3. To attend such group meetings as we might present in the coming weeks and months.

Irene agreed to cooperate in all these suggestions. She took a course in Reflexology as well as all of the courses that we have written over the years. She became a faithful attendant at Al-anon meetings and at our group's study and social get-togethers. In addition, she reported her progress to us every three months.

Not too long ago, Irene telephoned to share a success story with us. It seems that her family had always "put her down," perhaps because she had always been rather "sickly," as she described it. But, the evening before, she had received a long-distance telephone call from a sister who had developed a severe bronchial condition which, according to her physician, required surgery. So impressed was the whole family at the improvement in Irene's health, what Irene had accomplished, that they had advised this sister to call upon her for advice! Irene was "on cloud nine!" That had never happened to her before in her whole life! Mental and physical activity combined with appropriate changes in her eating and lifestyle had accomplished what we had set out to do: to so improve her health that she would be an inspiration to other sick and depressed souls.

## 6.2 Case Study No. II

"Sam," actually short for Samantha, was in her middle fifties. She was at least 75 pounds overweight, outwardly happy as a lark, but inwardly disturbed about life and her precise role in it. She had reached a point in her life which many people reach who live from day to day without purpose or direction. She had just drifted through life.

She had been a willing follower of the masses, enjoying their destructive lifestyle, with no thought of the future.

Suddenly, and totally without warning, or so she said, she was confronted by a major health problem. She had just been diagnosed as having hypoglycemia. She was angry now at the whole world, albeit still wearing her habitual light-hearted expression which, during our initial consultation, proved to be but a mask to hide her inner confusion and anger.

A review of her eating habits revealed the customary diet of persons who suffer from hypoglycemia and diabetes, one overloaded with all kinds of processed carbohydrate foods such as sugar and white flour; all the many kinds of foods concocted from these substances, plus considerable emphasis on processed convenience-type packaged foods, many of which contain large amounts of fats and pure cane sugar. Foodless foods such as these overwork the pancreas and other endocrine glands until the body is simply not able to utilize its inherent balancing mechanisms with the result, of course, that a metabolic disaster scene results with the blood glucose levels fluctuating abnormally.

Sam told us that she had become very forgetful and had difficulty in concentrating. In fact, her mind

often went blank. She had lost her temper at work on several occasions, a new trait for her. She said she was usually quite easy to get along with. She had times when she felt faint and suffered from headaches, also a rather recent symptom. She had always felt so well! And as for fatigue, it seemed that now she was always tired, never rested.

Obviously, Sam needed help. We prescribed for her an immediate fast for three days, the entire time being spent in bed. She was to remain as quiet as possible. Following the three-day fast, Sam was introduced to Hygienic living. Because of her excess weight, vigorous exercise was not to be recommended at this time. Therefore, a twice-a-day walking schedule was decided on. Sam, like all of our clients, began a basic course of instruction with the purpose of directing her mind into more positive channels, to help her to realize that her present apparently hopeless situation was really not so devoid of hope after all. Later Sam joined a class in exercising designed for older persons. She was thus being reprogrammed in three different directions: A new diet, daily exercise geared to her present capacity, plus a planned educational program designed to present her with a new perspective on life's rules.

Sam lost weight slowly as planned, but consistently. Her listlessness and fatigue, her forgetfulness, the headaches and other symptoms have all either completely disappeared or been much alleviated. Her mental outlook is again one of genuine cheerfulness. Sam knows exactly where she is headed and fully confident that she will achieve her new goal: perfect health.

## 6.3 Case Study No. III

### 6.3.1 Encouraging Activity in Sickness

Mrs. M. arrived here at the Institute extremely debilitated, so much so that it was deemed advisable to put her immediately to bed. Her blood tests revealed that her entire system was operating in low gear and that she would have to be handled with extreme care. Her medical history confirmed our appraisal since it revealed that for many years this woman had been a willing subject of medical mismanagement on a grand scale.

Through the years she had suffered one extirpation after another including the removal of tonsils and adenoids at an early age, this followed at age 28 by a cauterization of her womb after having partially recovered from typhoid fever. At age 37 a complete hysterectomy was performed because of profuse bleeding during menstruation, this proving to be a most trying time.

At about 54 the gallbladder was removed and, just "as a precaution," the surgeon thought it best also to remove the appendix, this decision apparently having been made during the operation and without the patient's consent or knowledge.

Several heart attacks followed in rapid succession and for the three years preceding her seeking Hygienic care, Mrs. M. had lived the life of an invalid unable to carry on even simple household tasks. As with so many, she had exhausted all orthodox avenues as well as her financial resources before seeking the only method of health care based on physiological and biological truth. She did so at the request of a relative newly introduced to Hygienic care.

Following two days of complete bed rest combined with physiological rest, Mrs. M. brightened. It was thought advisable to encourage some activity on her part even though it was obvious that vigorous exercise was, at this time, completely out of the question. However, we knew that it was vital that the blood flow be encouraged. Because of her weakened heart and a generally-debilitated condition, it was agreed that this client could not go on a prolonged fast which might have rested the heart and encouraged reparative processes. Therefore, it was decided to place her on a juice diet for a few days, both vegetable and fruit juices being used alternately during the day in two-hour intervals. As an adjunct to this light feeding program we decided to begin a scaled-down activity program, one which would require both physical and mental responses.

Only too often, it is not realized just how important both mental and physical activity can be in illness. When the mental processes become dull, a similar reaction can be observed in the physical body. Thus, mind cooperation and mind control are both helpful and necessary to full recovery. Mood swings, especially when the valleys of depression are deep and the peaks are overly high, can undo other measures being used in a constructive manner and even though these may be based on sound physiological and biological bases of fact. Therefore, it was decided to introduce both kinds of activity this early in the program but to do so only to a very limited extent.

### 6.3.2 Mental Activity

In her debilitated condition, Mrs. M. had little awareness of events or things. She was too concerned about her condition to display interest in external happenings. The anxiety so evident in her facial expression was being mirrored internally in lessened systemic efficiency as well.

It has long been known that superb health is impossible when the mind is disturbed, depressed and anxious. It was important, therefore, to direct Mrs. M.'s attention away from herself toward other things of a happier nature. Therefore, we placed1 Mrs. M's bed in such a manner that she could watch the bird feeding every morning and evening. At feeding time we would visit with her and identify the various birds and tell something about their habits. We recounted how one Arizona roadrunner became crippled in one leg, but did that stop him? No, indeed! Every day, in fact twice every day, he came to the feeding ground hopping around on one leg. We told her that, at first, this valiant bird barely made it but, as time went on, he became stronger and stronger until, finally he was hopping with the best of them.

We told her that this is the way with all living things; that so long as they obey nature's laws, feeding and living in accordance with the body's needs, then repair and healing will take place. No doubt, this great strong bird had been severely injured but rest, suitable food plus determination had produced the healing required for him to live a reasonably good life. We reminded her that she was no different, that her body had the same wondrous capacity to heal itself, too, and that now, at long last, she was embarked on a *journey into health*. There was much to learn and do but, like the valiant and brave roadrunner, she could make of this a highly-successful journey.

Thus, Mrs. M's mind was focused in a new and more positive direction. It was activated to believe that by following after the principles and practices espoused by Natural Hygiene, she just might be able to enjoy life again instead of having to endure the mental hurt of being totally dependent on others for her care and nurture and this, too, for the rest of her life. At age 62, this thought had become a nightmare that ate away at what little wellness she had left. Now, for the first time, she had hope. Her mind that had turned now became imbued with and activated by an inspiring song of hope.

Some comparable tactic can often be used with similarly anxious clients. Some may have a latent interest in knitting, others in listening to good music, still others like to listen to stories about what other people in similar circumstances have done to improve their health. Whatever sparks attentive interest should be explored.

## 6.4 Case Study No. IV

At age 27 Mark was schizophrenic. He lived in his own private world and had done so for well over a year when we were brought into the picture. At first he would not even meet with us, even when we went to the home. Therefore, our initial steps had to consist of improving the food intake. Both parents cooperated fully and within a few months Mark began to make tentative steps out of his mental prison.

Our first glimpse of the young man came when, on a house visit, he peeked around a corner and quickly withdrew. We seemingly ignored his behavior and Dr. Robert began to talk about weight-lifting and suggested that perhaps Mark might enjoy this kind of activity. Mark's parents thought this might be a good idea so they agreed to purchase two five-pound dumbbells for a trial run, so to speak.

The experiment worked. Mark "took" to the dumbbells and, before long, he had acquired some skills. His mother said that this was the first time since the mental curtain had descended on Mark's mind, that he had shown any sign of interest in anything or anyone.

On our next home visit, three months later, we were delighted to find Mark sitting in the living room, a big smile on his face. He could hardly wait to show us his new dumbbells. They were ten-pounders! To our delight, he willingly demonstrated his newly-acquired skill.

Mark still has a long way to go on his journey into health, but he is on his way. The next step? We have suggested that his parents now join a fitness club so that Mark can see and be with other young people and thus further activate his mind, as well as his physical body. His parents have agreed to take this important step. Mark has expressed his willingness to join them in this new adventure.



## 7. Conditions Where An Exercise Program Would Be Contraindicated

1. Moderate to severe coronary heart disease that causes chest pain even with minimal activity.
2. A recent heart attack. Usual recommendation is to-wait for three months and then begin a light program under supervision.
3. Any severe disease of the heart valves. Slow walking may be tried.
4. Certain types of congenital heart disease.
5. Greatly enlarged heart.
6. Severe heartbeat irregularities.
7. Uncontrolled sugar diabetes with high fluctuations in blood glucose levels.
8. Hypertension with blood pressure readings, for example, of 180/110.
9. Extreme obesity. Walking permitted.
10. During acute diseased states, especially where there is fever.

The above restrictions pertain, of course, to vigorous and sustained exercise. Exercises which are performed slowly and for a limited time or if done with assistance can prove beneficial in most cases, even in patients suffering from one or more of the above ailments.

The patient requires careful observation during exercise periods and the exercises should be immediately stopped if the patient shows signs of weariness, of if the skin turns either blue or excessively pale, or if the patient begins to breathe overly hard.

The rule of thumb is to start with simple movements. Observe the response and the reactions given by the patient. And, to build slowly!



## 8. Questions & Answers

**When a person is very weak from a long history of erroneous living, I fail to see how exercise could possibly benefit that person. Can you clarify this for me?**

I will do my best. That's a good question. In extremely weak persons, exercise might properly be contra-indicated. A fast with complete bed rest might be in order for a time. However, remember that most ill persons have lived a sedentary life. Healing and repair will not be possible until their wounded sick cells have their toxic load removed and they then receive the nutritive materials they require for reparative and healing purposes. By exercising specific areas that is exactly what we encourage: the directing of the lymph and blood to the areas most in need of cleansing and feeding by free-flowing fluids.

**How do you know when it is time to introduce exercise?**

That's an easy question. You try out a few passive exercises and observe the response. If the patient soon exhibits fatigue, you stop, wait for a suitable resting phase and then you try again.

**Why is the lymph so difficult to activate?**

The lymph flows first into the lymph nodes and has to be squeezed out by the contraction and relaxation of the musculature in that section of the body where the lymph nodes are located. By this squeezing action, the lymph is sent forth into the lymphatic channels and thence into the bloodsteam. As you see, therefore, without exercise, this lymphatic flow is minimal.

**Why are feelings so important in healing?**

The mind gives a clear picture actually of the body. When the mind is sad, the whole body is sad, also

All the metabolic activities throughout the entire body are similarly depressed. When fear grips us in the thought body, it also grips body action via the autonomic nervous system. It can even stop digestion entirely. We have all degrees of feelings. As they fluctuate from happy to sad, so does our body activity. Illness traps our feelings in depression, sometimes quite deep. A healthy state imparts a happy state, not only to the mind but actually throughout the entire body, a state revealed by systemic harmony. George S. Weger, M.D. was the first person, I believe, to note the importance of mental poise to health. His views were supported by J. H. Tilden and, in later years by much research.

**I like the tension exercises. Why do you especially recommend them for ill people. Would they not be good for everyone?**

Certainly. As you perform them, you will probably notice that you will use muscles you have not used for some time. You will note that, if you perform each exercise in sequence, that you will have exercised just about every part of your body. And all this without needlessly wasting your vital force as so many people do without understanding the purpose of exercise, which is to encourage circulatory flow of fluids to accomplish two purposes: 1. to remove toxins and 2. to bring food to the cells. Do we need hours of exercise to accomplish that purpose? Let's use our heads!

As for the first part of your question. They are especially good for ill people just because they do not call for any undue expenditure of vital force. Also, the number of reps can be adjusted to individual strengths as well as the depth of the exercises being used.

## Article #1: Fitness Guide

*Nothing is either good or bad but thinking makes it so!* Your brain can make you ... or break you! It takes in, and interprets, each situation you face. It sparks your every thought, emotion, action ... conscious or unconscious. Hippocrates sensed this over two thousand years ago as the cause of "our joys, delights, laughter ... the fears and terrors that assail us, some by night and some by day."

Emotional stress cannot be measured. It has no meaning except in the way you react to your own life problems! ... Nothing is either good or bad but thinking makes it so!

*Don't get the wrong idea about stress!* Like fear, stress is no new thing. It has been with man since man began.

The tensions, anxieties, fears ... the stress of our atomic age ... are no worse than those our forefathers faced ... only different! Man dies as surely by axe or arrow, by sword or spear, as he does by bullet or bomb!

Life is a perilous adventure. It always has been ... and a perilous adventure it seems sure to remain. Only the problems change with the changing generations ... the pressures never do.

*How your mind and body react:* Above your kidneys lie your adrenal glands that secrete the hormone adrenalin. Sudden anger, sudden fear, trigger these glands. Into your bloodstream shoots adrenalin.

Your blood pressure jumps. Your heart pounds. Blood from your stomach and intestines is shunted to your heart and muscles. Your breath comes fast. You tense to act ... but you can't!

Why? Because your problem differs vastly (though your body does not) from the one your ancestors faced a hundred thousand years ago. How to save their skin (yet eat) was their problem. To live they must have food. To get food (and keep it) often meant to kill or be killed ... to fight or to flee! At such moments, their anger, their fear, triggered adrenalin into their blood ... for sudden extra power to their blows ... or sudden extra speed to their legs, if they had to take to their heels to save their skin!

Not so with you, an executive faced with the kind of opposition you cannot batter down with your fists! Only a slight tremor of your hand as you hold a paper may betray the anger you smother! What irony! That swift dose of adrenalin nature intended to help you, hurts you ... if time after time after time, over the months and the years, you smother your anger or fear!

*What combat studies show:* In combat, every so often, a soldier, will succeed in an astounding feat, utterly impossible to a man not triggered by sudden terrible rage or fear. Afterward, this man is as much astonished by what he did as are his comrades. Now ... when his rage or fear subsides, he feels nauseated. He may have to vomit the food he had no chance to digest ... and he may discover, to his disgust, that he has lost control of his bladder or bowels ... and shakes as if he had a chill! The cause? An overdose of adrenalin! (This same reaction can be reproduced in a calm man by injecting adrenalin under his skin.)

... Long-sustained, smothered stress can bring on a heart seizure. You have only to remember how your heart pounds when you get in an argument to sense why this is so. Studies show, in fact, that emotional stress is five times as prevalent in heart attack victims as in men with normal hearts. Yet not all stress is harmful ... far from it!

A man who is a man thrives on a reasonable amount of stress ... As that philosophic old character David Harum put it years ago: "A reasonable amount of fleas is good for a dog ... keeps him from brooding over being a dog!"

... Some men can relax within a few minutes after a situation is over; others cannot. Their overmobilized bodies refuse to return to normal. As Dr. George B. Stevenson, internationally known psychiatrist, cautions: "The time to watch out is when tensions come frequently, shake us severely and persist...".

Transitory (and at first reversible) changes resulting from stress may lead to irreversible disorders.



## Article #2: Application of Gymnastics To The Sick by Herbert M. Shelton

Exercise is often of more importance than changes in the food supply. This is essential not only as a condition prerequisite of assimilation, but as a means of directing with certainty and precision, just what parts and what functions shall receive the needed nutritive support. Pabulum has not the least intelligent and self-directive power, its flow is controlled by the demands of activity.

Food or nutritive support cannot in the least degree be forced upon inactive muscles and organs. These get their chief support by acting, for only in this way does the need of the support arise. To flood the system with an abundance of nutritive substances cannot increase its powers, unless the necessary intra-cellular conditions for stimulation are present.

Such surpluses of nutrients accumulate as waste, due to crippled elimination, and become the source of greater weakness. Increase of strength is the complex effect of a number of essential antecedent factors, of which food is not always the most essential. We have seen numerous cases where there was an actual gain in strength while no food was being taken, though previous to beginning the fast these patients were losing strength on an abundance of "good nourishing food."

It frequently happens that the greatest need of an invalid is exercise, either local or general. In numerous cases this alone has resulted in complete restoration of health. Many invalids fail to recover health, because, although all the other factors are right, they cannot be induced to take sufficient or appropriate exercise.

Numerous methods are employed for the purpose of increasing the nutritive processes in local parts, as well as in the general system, but none of them are as efficient or as devoid of harmful consequences as muscular action. None of them are so prompt, none so localized, none so economical of vitality. Artificial agents and measures employed for this purpose occasion other actions and induce irrelevant changes and needless vital expenditure. These methods involve a harmful and uncompensated expenditure of the client' s power.

*Excerpted from Chapter 19—Exercise!*